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In Case of an Emergency for Telehealth Services

If you have a mental health emergency, I encourage you not to wait for communication back from me, but do one or more of the following:

- Call Lifeline at (800) 273-8255 (National Crisis Line)
- Call 911
- Go to the emergency room of your choice

Emergency procedures specific to Telehealth services

There are additional procedures that we need to have in place specific to Telehealth services. While you may choose to not enter an Emergency Contact Person (ECP) for in-person sessions, the State of New Jersey, New York, and Illinois require that you provide the following information if you are utilizing Telehealth via VIDEO and AUDIO for your regular appointments. These are for your safety in case of an emergency and are as follows:

You understand that if you are having suicidal or homicidal thoughts, experiencing psychotic symptoms, or in a crisis that we cannot solve remotely, I may determine that you need a higher level of care and Telehealth services are not appropriate. I am required to contact an ECP on your behalf in a life-threatening emergency only. Please enter this person's name and contact information below.

Either you or I will verify that your ECP is willing and able to go to your location in the event of an emergency. Additionally, if either you, your ECP, or I determine necessary, the ECP agrees to take you to a hospital. Your signature at the end of this document indicates that you understand I will only contact this individual in the extreme circumstances stated above.

Please list your ECP here:

Name: _____

Phone: _____

You agree to inform me of the address where you are at the beginning of every session. You agree to inform me of the nearest hospital to your primary location that you prefer to go to in the event of a mental health emergency.

Please list the hospital and contact number here:

Hospital: _____

Phone: _____

You agree to inform me of the nearest police department to your primary location that you prefer to go to in the event of an emergency.

Please list the police department and contact number here:

Police Department: _____

Phone: _____

I have voluntarily provided the above contact information and authorize Lenny Gallo, LCSW, LCADC, ACT, CBIT and his representatives to contact any of the above on my behalf in the event of an emergency during a Telehealth session.

Client Name: _____ **DOB:** _____

Signature: _____ **Date:** _____

Witness Signature: _____ **Printed Name:** _____